

| <b>District I</b><br>1625 N. French Dr., Hobbs, NM 88240<br>Phone:(575) 393-6161 Fax:(575) 393-0720<br><b>District II</b><br>811 S. First St., Artesia, NM 88210<br>Phone:(575) 748-1283 Fax:(575) 748-9720<br><b>District III</b><br>1000 Rio Brazos Rd., Aztec, NM 87410<br>Phone:(505) 334-6178 Fax:(505) 334-6170<br><b>District IV</b><br>1220 S. St Francis Dr., Santa Fe, NM 87505<br>Phone:(505) 476-3470 Fax:(505) 476-3462                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br>Permit 322849<br>WELL API NUMBER<br>30-025-50366<br>5. Indicate Type of Lease<br>S<br>6. State Oil & Gas Lease No.<br><br>7. Lease Name or Unit Agreement Name<br>HYPERION STATE COM |                                           |                       |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
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| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               |                                                                                                                                                                                                                      |                                           |                       |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
| 1. Type of Well:<br>O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               | 8. Well Number<br>183H                                                                                                                                                                                               |                                           |                       |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
| 2. Name of Operator<br>TAP ROCK OPERATING, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               | 9. OGRID Number<br>372043                                                                                                                                                                                            |                                           |                       |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
| 3. Address of Operator<br>523 Park Point Drive, Suite 200, Golden, CO 80401                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               | 10. Pool name or Wildcat                                                                                                                                                                                             |                                           |                       |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
| 4. Well Location<br>Unit Letter <u>A</u> : <u>633</u> feet from the <u>N</u> line and feet <u>1035</u> from the <u>E</u> line<br>Section <u>20</u> Township <u>24S</u> Range <u>33E</u> NMPM _____ County <u>Lea</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                                                                                                                      |                                           |                       |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3562 GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               |                                                                                                                                                                                                                      |                                           |                       |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                               |                                                                                                                                                                                                                      |                                           |                       |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br><table style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">NOTICE OF INTENTION TO:</td> <td colspan="2" style="text-align: center;">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE OF PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/></td> </tr> </table> |                                                                                                                                                                               |                                                                                                                                                                                                                      | NOTICE OF INTENTION TO:                   |                       | SUBSEQUENT REPORT OF: |                    | PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTER CASING <input type="checkbox"/> | TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE OF PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> |           | Other: _____ |      | Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/> |      |        |      |     |   |      |     |      |   |  |      |   |   |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                               | SUBSEQUENT REPORT OF:                                                                                                                                                                                                |                                           |                       |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PLUG AND ABANDON <input type="checkbox"/>                                                                                                                                     | REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                               | ALTER CASING <input type="checkbox"/>     |                       |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
| TEMPORARILY ABANDON <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CHANGE OF PLANS <input type="checkbox"/>                                                                                                                                      | COMMENCE DRILLING OPNS. <input type="checkbox"/>                                                                                                                                                                     | PLUG AND ABANDON <input type="checkbox"/> |                       |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
| PULL OR ALTER CASING <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MULTIPLE COMPL <input type="checkbox"/>                                                                                                                                       | CASING/CEMENT JOB <input type="checkbox"/>                                                                                                                                                                           |                                           |                       |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
| Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               | Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/>                                                                                                                                                    |                                           |                       |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
| 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work.) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.<br>Well spud on 8/7/2022 at 08:30 8/7/2022: Drill 17.5 inch surface hole to 1319 ft. 8/7/2022: Run 13.375 inch 54.5 lb J55 surface casing to 1304 ft. Pump 20 bbls freshwater, followed by 610 sks of 13.5 ppg lead cmt, 385 sks of 14.8 ppg tail cmt. Drop plug and displace with 191 bbls brine. 110 bbls of cement returned back to surface. Pressure test casing to 1500 PSI for 30 minutes, good test. <b>8/7/2022</b> Spudded well.                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                               |                                                                                                                                                                                                                      |                                           |                       |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
| <b>Casing and Cement Program</b><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>String</th> <th>Fluid Type</th> <th>Hole Size</th> <th>Csg Size</th> <th>Weight lb/ft</th> <th>Grade</th> <th>Est TOC</th> <th>Dpth Set</th> <th>Sacks</th> <th>Yield</th> <th>Class</th> <th>1" Dpth</th> <th>Pres Held</th> <th>Pres Drop</th> <th>Open Hole</th> </tr> </thead> <tbody> <tr> <td>08/07/22</td> <td>Surf</td> <td>FreshWater</td> <td>17.5</td> <td>13.375</td> <td>1304</td> <td>J55</td> <td>0</td> <td>1304</td> <td>995</td> <td>1.36</td> <td>C</td> <td></td> <td>1500</td> <td>0</td> <td>N</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               |                                                                                                                                                                                                                      | Date                                      | String                | Fluid Type            | Hole Size          | Csg Size                                       | Weight lb/ft                              | Grade                                  | Est TOC                               | Dpth Set                                     | Sacks                                    | Yield                                            | Class                                     | 1" Dpth                                       | Pres Held                               | Pres Drop                                  | Open Hole | 08/07/22     | Surf | FreshWater                                                        | 17.5 | 13.375 | 1304 | J55 | 0 | 1304 | 995 | 1.36 | C |  | 1500 | 0 | N |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | String                                                                                                                                                                        | Fluid Type                                                                                                                                                                                                           | Hole Size                                 | Csg Size              | Weight lb/ft          | Grade              | Est TOC                                        | Dpth Set                                  | Sacks                                  | Yield                                 | Class                                        | 1" Dpth                                  | Pres Held                                        | Pres Drop                                 | Open Hole                                     |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
| 08/07/22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Surf                                                                                                                                                                          | FreshWater                                                                                                                                                                                                           | 17.5                                      | 13.375                | 1304                  | J55                | 0                                              | 1304                                      | 995                                    | 1.36                                  | C                                            |                                          | 1500                                             | 0                                         | N                                             |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |                                                                                                                                                                                                                      |                                           |                       |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
| <table style="width: 100%;"> <tr> <td style="width: 20%;">SIGNATURE</td> <td style="width: 30%;">Electronically Signed</td> <td style="width: 20%;">TITLE</td> <td style="width: 20%;">Regulatory Manager</td> <td style="width: 10%;">DATE</td> <td style="width: 10%;">8/9/2022</td> </tr> <tr> <td>Type or print name</td> <td>Christian Combs</td> <td>E-mail address</td> <td>ccombs@taprk.com</td> <td>Telephone No.</td> <td>720-360-4028</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                                                                                                                      | SIGNATURE                                 | Electronically Signed | TITLE                 | Regulatory Manager | DATE                                           | 8/9/2022                                  | Type or print name                     | Christian Combs                       | E-mail address                               | ccombs@taprk.com                         | Telephone No.                                    | 720-360-4028                              |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Electronically Signed                                                                                                                                                         | TITLE                                                                                                                                                                                                                | Regulatory Manager                        | DATE                  | 8/9/2022              |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
| Type or print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Christian Combs                                                                                                                                                               | E-mail address                                                                                                                                                                                                       | ccombs@taprk.com                          | Telephone No.         | 720-360-4028          |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
| <b>For State Use Only:</b><br><table style="width: 100%;"> <tr> <td style="width: 20%;">APPROVED BY:</td> <td style="width: 30%;">Patricia L Martinez</td> <td style="width: 20%;">TITLE</td> <td style="width: 20%;">DATE</td> <td style="width: 10%;">9/1/2022 9:06:54 AM</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |                                                                                                                                                                                                                      | APPROVED BY:                              | Patricia L Martinez   | TITLE                 | DATE               | 9/1/2022 9:06:54 AM                            |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |
| APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Patricia L Martinez                                                                                                                                                           | TITLE                                                                                                                                                                                                                | DATE                                      | 9/1/2022 9:06:54 AM   |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |     |   |      |     |      |   |  |      |   |   |